



Hospital Fiscal Report  
 State Form 49520 (R3/7-23)  
 Indiana Department of Health  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT CARMEL HOSPITAL

City of Hospital: Carmel

Year Begin: 07/01/2021 (mm/dd/yyyy format)

Year End: 06/30/2022 (mm/dd/yyyy format)

Person Completing the Report: Brad Burks

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Medicare Provider Number: 15-0157

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$316184969
Outpatient Patient Service Revenue	\$312886520
<b>Total Gross Patient Service Revenue</b>	<b>\$629071489</b>

2. Deductions From Revenue

Contractual Allowance	\$413815219
Other Deductions	\$6253086
<b>Total Deductions</b>	<b>\$420068305</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$200059297
Other Operating Revenue	\$6233257
<b>Total Operating Revenue</b>	<b>\$206292554</b>

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$23003080	\$1779
Medicaid	\$10531009	\$921
Commercial Insurance	\$7603652	\$361
Self-pay	\$1533542	\$355
Any Other Category of Payer	\$61219508	\$3112
<b>Total</b>	<b>\$103890791</b>	<b>\$6528</b>

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$11923657	\$15695
Medicaid	\$4130744	\$4973
Commercial Insurance	\$4928348	\$2689
Self-pay	\$930865	\$2785
Any Other Category of Payer	\$74254892	\$27364
Total	\$96168506	\$53506

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$34926737	\$17474
Medicaid	\$14661753	\$5894
Commercial Insurance	\$12532000	\$3050
Self-pay	\$2464407	\$3140
Any Other Category of Payer	\$135474400	\$30476
Total	\$200059297	\$60034

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$39317929	Employee Benefits	\$8460037
Depreciation and Amortization	\$6436486	Interest Expense	\$717223
Bad Debt	\$8943888	Other Expenses	\$77418635
Total Operating Expenses	\$141294198		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$73942243	Total Assets	\$113983369
Net Non-operating Gains over Loss	\$4036	Total Liabilities	\$55526806
Total Net Gains	\$73946279		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$206567242	\$171640505	\$34926737
Medicaid	\$86246036	\$71584282	\$14661754
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$336258212	\$185787405	\$150470807
Total	\$629071490	\$429012192	\$200059298

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$286911	\$-286911
Hospital Patients	\$0	\$567454	\$-567454
Community Education	\$0	\$142631	\$-142631

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	5298
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$5259694
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1017182	
HCI Payments	\$0		
Subtotal	\$0	\$1017182	\$-1017182
Medicaid Shortfalls	\$14751465	\$25711781	
Subtotal	\$14751465	\$25711781	\$-10960316
DSH Payments	\$0		
Subtotal	\$14751465	\$25711781	\$-10960316
Medicare Shortfalls	\$35008032	\$39948440	
Other Government Programs	\$0	\$0	
Total	\$49759497	\$65660221	\$-15900724

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$94264	\$-94264
Community Assessment	\$0	\$510416	\$-510416
Provision of Taxes	\$0	\$9032492	\$-9032492
Other Allocations	\$0	\$0	\$0

Comments

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